

To:

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2024-06-20 14:45 GMT

954-252-4650

From: Mariana dos santos

6/28/24, 4:38 PM

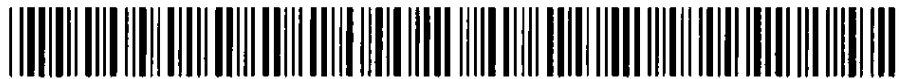
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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 128140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@GFSTAXACCT.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
NZ HEALTH AND LIFE INSURANCE CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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(((H240002236013)))

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NZ HEALTH AND LIFE INSURANCE CORP

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GILVAM F DOS SANTOS

Name (Printed or typed)

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City, State & Zip

754 301 2128

Daytime Telephone number

INFO@GFSTAXACCT.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

(((H1240002236013)))

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME NZ HEALTH AND LIFE INSURANCE CORP
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
255 NE 42nd St	255 NE 42nd St
Pompano Beach, FL 33064	Pompano Beach, FL 33064

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: INSURANCE

ARTICLE IV SHARES
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	NAYELI A FARINELI - PRESIDENT	Name and Title:	_____
Address	255 NE 42nd St	Address:	_____
	Pompano Beach, FL 33064		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GFS TAX & ACCOUNTING SERVICES
Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GFS TAX & ACCOUNTING SERVICES
Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

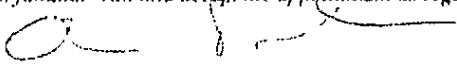
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____ Required Signature/Registered Agent	<u>06/28/24</u> _____ Date
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.